Adolescents and Permanency
The Relationship of Service Utilization and Adolescent Permanency

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Purpose of Study

The Cabinet for Health and Family Services provides services to families who are experiencing difficulties and cannot remain together safely. When the family cannot remain together in a safe manner the children are removed from the home and service referrals are typically made to assist the family. Adolescents are a specialized population among children removed from the home due to their unique needs and behaviors. The purpose of this study is to explore the service utilization with adolescents who entered out of home care and the subsequent achievement of permanency.

Literature Review

A review of the literature relevant to Adolescents and Permanency found that Adolescents are a specialized population, representing a disproportionate number of children in Out of Home Care, and have difficulty finding permanency (Denby et al., 1998). The hurdles to achieving permanency for adolescents include the child's age, a delay in initiating concurrent planning, fewer resources being available to adolescents, limited family involvement in permanency planning, and limited financial support (Landsman et al., 1999). There were no articles found that addressed the specificity of services for adolescents achieving permanency.

Quantitative Study

Design, Sample & Measurement

This quantitative study will use purposive sampling to select the subjects. The researchers obtained the total number of adolescents who entered OOHC for the first time between January and June 2002. A total of sixty two adolescents were selected for this study. This study is a quasi-experimental design. Researchers reviewed the files of those sixty two adolescents and tracked the case through a 22 month period. Variables such as demographics along with service intensity, investment, and match were measured.

Major Findings

A permanency timeline was generated to review the months a child remained in out of home care. We found that a high frequency of adolescents achieved permanency after one month in care or after fifteen months in care. A significantly high number of adolescents did not achieve permanency in 22 months, timeframes mandated by ASFA.

Frequencies of services received were compared among adolescents who achieved permanency and those who languished in care. We found that adolescents who languished in care received a higher rate of intensive services than those who achieved permanency. Also, the adolescents who achieved permanency received a higher rate of family services than those who languished in care.

An independent sample t-test was conducted to examine the difference among those who did and did not achieve permanency and the total number of placement changes while in out of home care. A significant t-test result was found $t(60)=3.17$, $p<.002$. Adolescents who did not achieve permanency had a higher mean total number of placement changes than adolescents who did achieve permanency, mean=4.12 (SD=3.33), 2.11 (SD=1.61), respectively.

A chi-square was conducted to examine the relationship between race and the achievement of permanency. A non-significant chi-square result was found, chi-square $(1)= .50$, *ns.* Adolescent race is not related to their achievement of permanency.

A chi-square was conducted to examine the relationship between gender and the achievement of permanency. A non-significant chi-square result was found, chi-square $(1)=1.22$, *ns.* Adolescent gender is not related to their achievement of permanency.

An independent sample t-test was conducted to examine the difference among those who did and did not achieve permanency and the age of the adolescent. A non-significant t-test result was found $t(60)=.541$, *ns.* Adolescents who did and did not achieve permanency had similar mean ages.

An independent sample t-test was conducted to examine the difference among those who did and did not achieve permanency and the intensity of services received. A significant t-test result was found $t(56)=2.456$, $p<.02$. Adolescents who did not achieve permanency had a higher mean intensity of services than adolescents who did achieve permanency, mean=10.30 (SD=4.71), 7.23 (SD=4.63), respectively.

An independent sample t-test was conducted to examine the difference among those who did and did not achieve permanency and the investment in services. A nonsignificant t-test result was found, $t(56)=1.85$, *ns.* Adolescents who did not achieve permanency have similar investment of services as those did achieve permanency.

An independent sample t-test was conducted to examine the difference among those who did and did not achieve permanency and the match of services received. A significant t-test result was found $t(56)=3.024$, $p<.004$. Adolescents who did not achieve permanency had a higher mean match of services than adolescents who did achieve permanency, mean=6.65 (SD=2.90), 4.23 (SD=3.04), respectively.

An independent sample t-test was conducted to examine the difference among those who did and did not achieve permanency and the total number of services received. A

significant result was found $t(60)=2.56$, $p<.01$. Adolescents who did not achieve permanency had a higher mean total number of services than adolescents who did achieve permanency, mean=18.96 (SD=2.72), 17.30 (SD=2.33), respectively.

A Pearson product moment correlation was conducted to explore the relationship between the total intensity of services and the family's investment in services. A significant correlation was found $r(57)=.808$, $p<.01$. A positive, strong relationship was found such that as total intensity of services increases the family's investment in services increases.

A Pearson product moment correlation was conducted to explore the relationship between the total intensity of services and the total match of services. A significant correlation was found $r(57)=.859$, $p<.01$. A positive, strong relationship was found such that as total intensity of services increases the total match of services increases.

A Pearson product moment correlation was conducted to explore the relationship between the total match of services and the total investment of services. A significant correlation was found $r(57)=.861$, $p<.01$. A positive, strong relationship was found such that as total match of services increases the total investment of services increases.

Discussion

The researchers found a strength of the quantitative study was in the design. By examining the multitude of services along with the intensity, investment, and match of services a comprehensive analysis of service utilization was achieved. Another strength was the vast amount of significant results. For instance, since non-significant results were found for the relationship between permanency and race, gender, and age the researchers are fairly safe to assume that it is service utilization that impacts the achievement of permanency. Demographics did not seem to affect the adolescent's achievement of permanency.

Some limitations of the quantitative study were found as well. For instance, the researchers found that there was a severe lack of documentation in the case file. The researchers also found a limitation related to the pre-ranking of service intensity. The researchers pre-ranked the intensity of the service based upon the researchers experience with that service, yet found that the intensity of a particular service could vary due to the investment of the individual or agency providing the service. Another limitation would include the fact that the researchers only studied urban adolescents so the findings cannot be generalized to rural populations of adolescents.

The quantitative study yielded several interesting results that were discussed amongst the researchers. For instance, the languishers had a higher rate of intensive services; does this mean that they had more difficulties to begin with? Also, a higher rate of psychiatric, counseling and drug/alcohol treatment for children who languish in care may indicate children who languish in care may have more serious mental health issues thus making permanency more difficult to achieve.

Qualitative Study

Design, Sample & Measurement

Purposive sampling technique was used to select subjects for the qualitative study. An attempt was made to interview all adolescent investigative, ongoing and independent living team workers on the Jefferson County Child Protective Services adolescent unit. The researchers also attempted to interview the team supervisors associated with those workers as well as the specialist and Service Regional Administrative Associate (SRAA). The researchers used snowball sampling technique to interview adoption unit workers. A total number of 29 qualitative interviews were completed. The research design for this qualitative study is a narrative design. The data was collected through semi-structured interviews with the above mentioned subjects. The interviews were composed of open-ended questions geared toward thick description of service utilization and permanency.

Major Findings

Worker demographics were collected. The researchers found that of the subjects interviewed the average number of years worked with the agency was eight years. Almost 60% had less than five years of experience working with the adolescent population and they averaged naming 4.63 available services for adolescents. Of the workers with more than five years experience working with the adolescent population, they averaged naming 4.58 available services for adolescents. Also, the average satisfaction with their current occupation was 6.36.

When discussing the barriers to accessing services and barriers to achieving adolescent permanency the subjects were astoundingly similar in their responses. They reported that the available services do not address the adolescent's specific issues. The subjects also mentioned that the existing permanency goals are a barrier as well.

The researches received some unique responses when the subjects were asked if they had their way, what they would suggest. Of particular interest was the fact that a high number of subjects emphasized the need for "more" of something along with the need for services specific for the adolescent issues.

Discussion

The researchers found that no matter what questions were asked of the subjects the answers were resoundingly the same. Whether we discussed barriers to accessing services, permanency within or outside of the agency, or what the subjects would like to see the answers were: more available services, more available slots, more intense services, and more adolescent specific services.

Several strengths were found in the qualitative study. For instance, the study confirmed the researchers' prior beliefs about the barriers to accessing services and permanency for

the adolescent population. The study also allowed the researchers to gather the voices of several workers and integrate their words into a research design. A final strength is that the researchers are able to present the findings to the agency in an effort to effect practice change in a positive manner.

A limitation to the qualitative study includes the restricted time limited placed upon the researchers to conduct the interviews by the Cabinet for Health and Family Services. Another limitation of the study included the timeframe in general. After the researchers were approved for the study there was only a small window of opportunity to access the subjects and the interviews hinged upon their availability.

Substance Abuse Effects on Child Maltreatment

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The Cabinet for Health and Family Services, Division of Protection and Permanency is the primary child protective investigative and ongoing treatment provider for children and families in the Commonwealth. They are the investigation agency by statute. Since the passage of the Adoption and Safe Families Act of 1997, the Cabinet has done extensive statistical analysis of various outcomes connected with the safety, well-being, and permanency of children and families. While tracking the outcomes three core areas of concern have been tracked as well: ***substance abuse***, domestic violence, and mental health. The ***Continuous Quality Assessment*** is the tool used in investigations to identify and assess risk to the home and make determinations as to the *level of risk* and subsequent *plans* for the family. In ongoing cases the Continuous Quality Assessment is used to note *progress and current functioning* upon which the subsequent case plan is built. Because of what appeared as rapidly increasing numbers of referrals for investigation being drug related, particularly in methamphetamine, the curiosity resulting in the purpose of the study was does the assessment accurately identify and assess substance abuse? Does substance abuse in cases of child abuse and neglect affect the severity of the maltreatment?

Design, Sample and Measurement Tool
The quantitative research is a *descriptive non-experimental* chart file review.

A *purposive sample* from substantiated cases of child abuse and neglect in the Lake Cumberland and Barren River Regions from the last six months of 2003 using the computer generated management report for this time period for substance abuse issues(TWS-116M*), random samples from two categories* was drawn. The two categories were non-substance cases and substance abuse cases. 99 chart file reviews were completed.

Measurement Tool: Comparison of risk assessments in the two categories of non-substance abusing child maltreatment and substance abuse cases of child treatment was done via *chart file review*. A hard copy chart file was used to explore other areas of the case for substance abuse indicators along with the computer assessment. The evaluation tested the accurate use of the assessment in identification and assessment of substance abuse in cases. It was expected that if substance abuse is present in the child protective services case, the risk of harm to the child will be greater than if there are no indicators of substance abuse.

What is *relevant* to substance abuse in the assessment are three safety factors relating to substance abuse or a history of substance abuse and anchors that specifically speak to substance abuse*. Safety Factors* are a series of True/ False statements that the investigator or case manager chooses for each case. The *anchors* are the numerical designation of each of seven components of the assessment and an overall anchor rating. For each of the seven segments there is the designation 0=No Risk; 1= Mild, 2=Moderate, 3=Severe, and 4=Extreme.

Using descriptive statistics of frequency it was found that the Continuous Quality Assessment did not accurate expose substance abuse cases. The sample showed a 51/48 count of non-substance abuse/substance abuse cases. The study showed a 30/68 count respectively. This is a difference of

twenty cases found to be substance abuse related through chart file review that were not so designated by the worker using the CQA.

An Independent T- Test was conducted to examine severity of maltreatment in substance abuse cases. A significant t-test result was found $t(96)=-2.50$, $p< .014$. Substance abuse cases have a higher mean than non-substance abuse cases in relation to severity of maltreatment. Mean=25.88 (sd=9.88), 20.57 (sd=9.31), respectively.

A Chi-Square was conducted to examine the relationship between severity of maltreatment and permanency goals. A non-significant chi-square result was found chi-square (1)=20.95, n.s. The drug of choice is not significantly related to permanency goals.

A one-way analysis of variance was conducted to explore the effect of severity of maltreatment on drug of choice. The variables were alcohol, other drugs not in combination with another drug, poly-substances, and no drug named. A significant ANOVE result was found $F(3,85)=4.04$, $p< .010$. Bonferroni multiple comparison tests were done to identify which drugs of choice were different from each other on severity of maltreatment. Poly-substance abuse and no drug named were significant at .05 level, the mean difference being 9.03.

A Chi-Square was conducted to examine the relationship between drug of choice and seeking treatment. A significant chi-square result was found, chi-square (1)=12.36, $p<.002$. Drug of choice and seeking treatment are significantly related and poly-substance abusers are most likely of the sample to seek treatment.

The second part of this study is mini-ethnography using semi-structured interviews with case managers and treatment providers involved in child protection/substance abuse cases. A non-probability, purposive sample was selected from the data gathered in the qualitative study. Ultimately 8 case managers and 5 treatment providers were interviewed using a structured interview guide. Interviews were recorded, transcribed and then using Tesch's data analysis technique common themes were discovered.

The interview questions explored the case managers perceptions of their ability to assess for substance abuse as related to child safety. Factors discussed were the current CQA tool used by the agency, their training and background in substance abuse assessment and finally their suggestions and ideas on how the assessment process could be improved. Treatment providers were asked about their agency's assessment process and also their ideas on strengthening collaboration with the Cabinet.

Most case managers agreed that substance abuse continues to increase as a major risk factor in most of their cases. Case managers expressed the need for more training to deal with these issues and improved communication with treatment providers. Funding for drug treatment was expressed as a serious concern. Revisions to the assessment tool (CQA) were also suggested. Some case managers felt that staff needed coaching on proper assessment skills. Treatment providers also suggested that communication and partnership with the Cabinet could be improved. Funding for treatment was a common concern.

Substance abuse is a core issue in family's lives and more emphasis should be placed on worker's ability to identify, assess and plan for service networking towards recovery and optimal living. This research study identifies places to start.

Substance Abuse Effects on Child Maltreatment

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Substance Abuse Effects on Child Maltreatment

Estimated ***9%*** of children (6 million) ***live*** with ***one parent*** who abuses ***alcohol*** or ***drugs*** (Office of Applied Studies, 2004)

Children neglected by ***substance abusing parents*** have

- poorer physical, intellectual, social and emotional outcomes
- greater risk of substance abuse themselves.
- more likely to be in foster care and to stay longer

(U.S. Dept. of Health & Human Services, 2004)

- Need to ***identify*** and make ***collaborative efforts*** to treat abusers and support families when substance abuse is related to child maltreatment and permanency for children.

(McAlpine, Marshall & Doran, 2001)

Purpose

Determine:

- Does the current assessment tool accurately ***identify and assesses*** substance abuse in cases of child maltreatment?
- Does substance abuse in cases of abuse and neglect affect to the ***severity*** of maltreatment?

Design, Sample & Tool

- Non experimental
- Chart file review of 99 randomly selected, substantiated child protection cases from July – Dec. 2003
- Purposive sample from Lake Cumberland and Barren River Region of non-substance abuse and substance abuse cases

- Examination of:

  Referral and Assessment Type

  Safety Factors

  Anchors

  Permanency goals

  Basic case information

  Drug of choice

  Treatment information

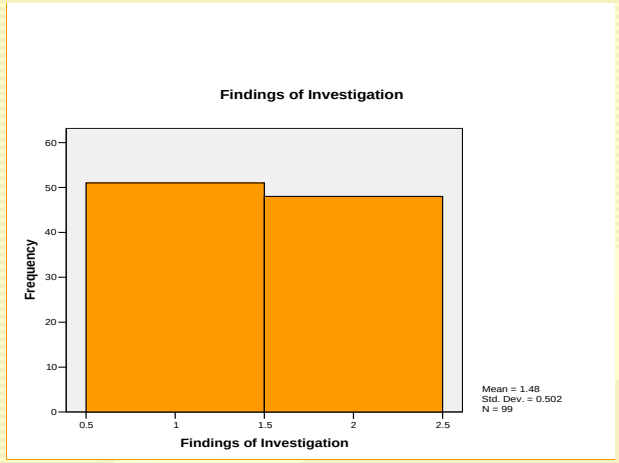
Does the CQA accurately reflect substance abuse in child maltreatment cases?

- **Sample**

  Safety Factors/CQA-

  51/48 count split

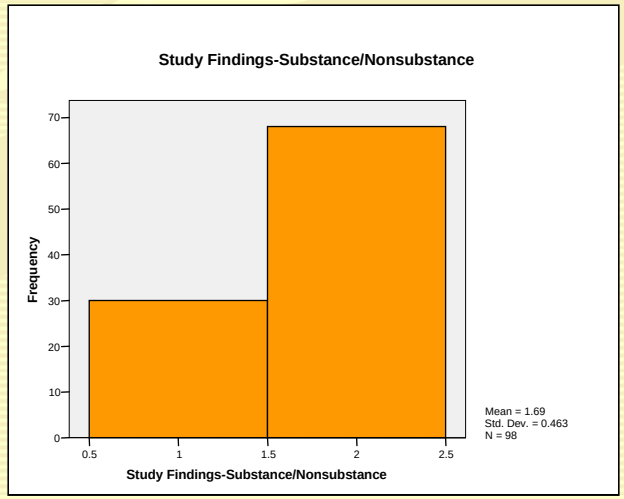
  Non-substance Abuse/Substance Abuse



- **Study** Findings –

  30/68 count split

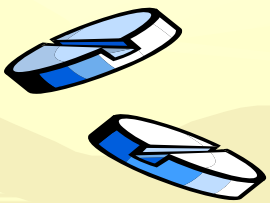
  Non-substance Abuse/Substance Abuse



In those cases where study findings show substance affects:

How does drug of choice affect:

- Permanency
- Severity of Maltreatment
- Whether treatment was sought



Does drug of choice affect permanency goals or severity of maltreatment?

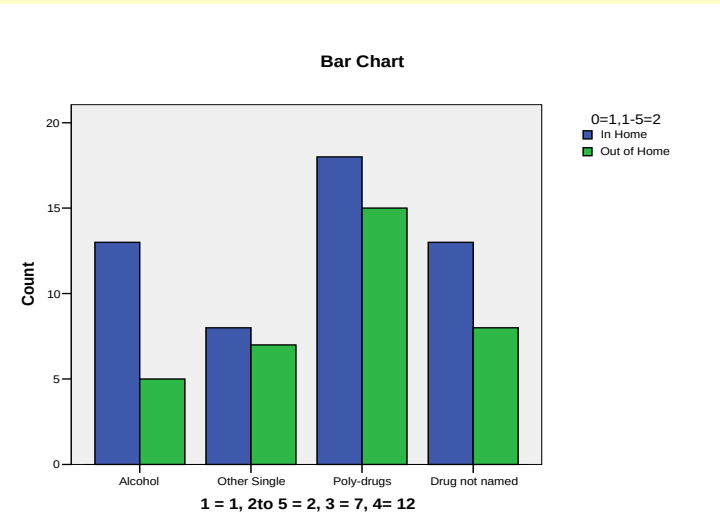
(Drug of Choice= Alcohol, Other Single Drugs, Poly-Drugs, No Drug Named)

Chi-square(1) = 1.83, n.s.

Permanency Goal Recode

- In Home
- Out of Home Care

There was no significant relationship.



One- Way ANOVA

Severity of Maltreatment = Number of Safety factors chosen + sum of Maltreatment, Underlying Causes and Individual Adult Behavior Anchors & Overall Anchors.

(F(3, 85)=4.04, p=.010, p<.05

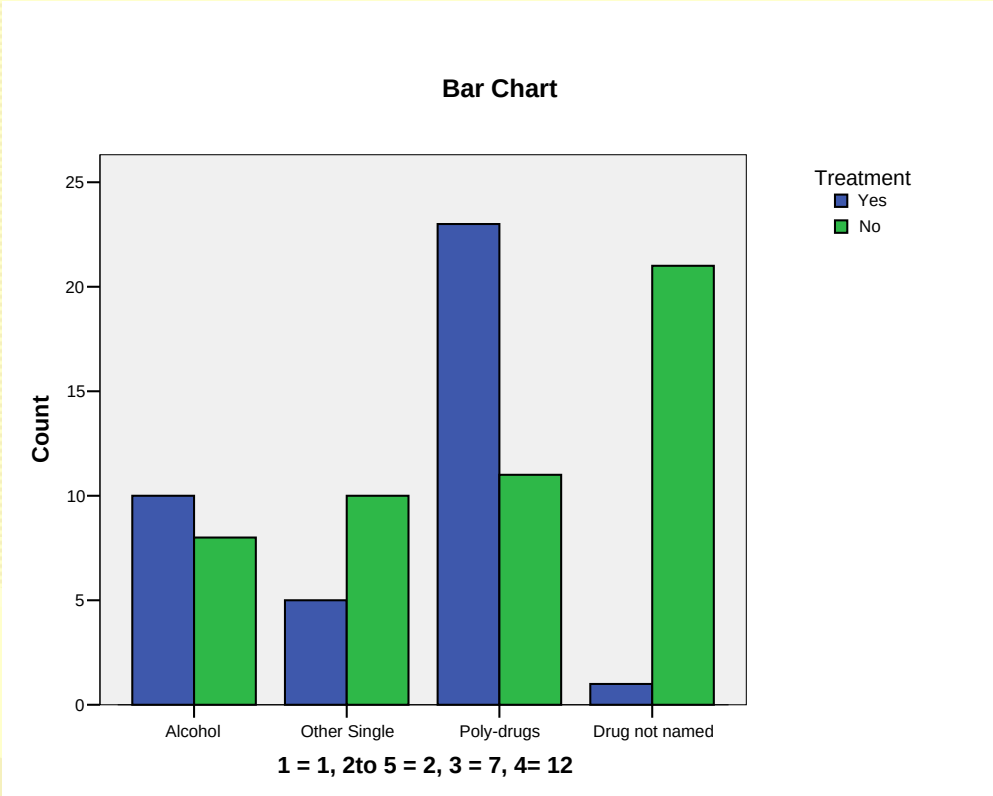
Bonferroni -> Mean difference (9.03) between

Poly-drug Abuse & ***No Drug Named (Drugs, none named)***

Significant at .05 level.

Poly-substance abuse has higher child maltreatment ratings than no drug named.

Does drug of choice affect seeking treatment?



Chi-square(1) = 23.30, $p<.01$

A significant relationship exits between drug of choice and seeking treatment.

Does substance abuse affect the severity of child maltreatment?

Independent t-test to explore the impact of substance abuse on severity of child maltreatment.

$t(96) = -2.50, p < .014$

Substance abuse cases have *higher child maltreatment severity ratings* than do non-substance abuse cases using the study categorization of substance/non-substance abuse cases.

Mean = 25.88 (sd=9.88), 20.57 (sd=9.31), respectively.

Discussion

- The CQA does not accurately reflect substance abuse in cases of child maltreatment.
- Significant relationships were found to exist regarding: severity of maltreatment, between some drug of choice and treatment procurement.
- Strengths:
  - Good sample size
  - Able to demonstrate research questions
  - Timeliness for change since assessment currently on target for redesign focused on core issues.

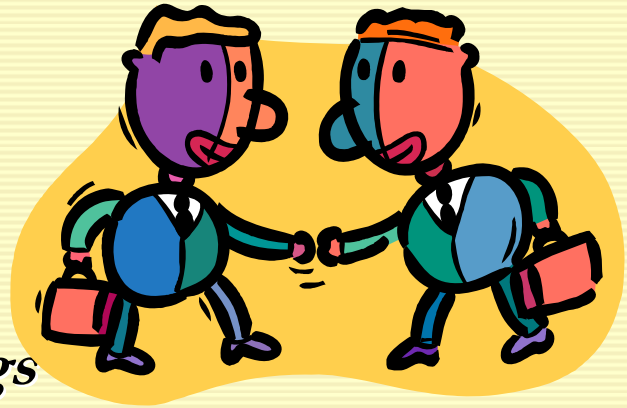
Interview Questions

1. As a ***professional*** working with families what ***tools*** do you use in your practice to assess for ***substance abuse***?
2. What kind of ***training or background experience*** do you have in the area of ***substance abuse assessment***? Do you feel you are ***sufficiently trained*** in this area to assess families for substance abuse issues? Why or why not?
3. What ***ideas or suggestions*** do you have on partnering or ***collaboration between agencies*** that work with substance abuse assessment and treatment and child protection?
4. If you were asked to participate on a committee to improve the ***current substance abuse assessment tool*** for your agency, what would some of your thoughts be? How do you feel about the way your agency currently assesses substance abuse? What are the ***strengths and weaknesses*** of the current assessment tool?
5. For ***families*** impacted by ***substance abuse*** what should an assessment of risk or for needs of the family look like? How would it be different than the ***Continuous Quality Assessment*** now in use? What suggestions can you make?

Qualitative Study-Design & Sample

- Mini-ethnography
- Semi-structured interviews with case managers and treatment providers.
- Non-probability, purposive sample.
- Tesch's data analysis technique.
- 8 case managers, 5 treatment providers participants.

Collaboration



- ***Training***
- ***Family Team Meetings***
- ***Communication***

- "I think it would be good to attend *other agency's groups* so we could learn what we are sending our clients to and *support the application of new skills*."
- "The perfect thing would to get with *another agency* and *discuss* what they do in assessing families, what we could do to *help*, and having more open *communication* with them, and sending activity sheets weekly for us to *track progress*"
- *Family Team Meetings* were seen as a positive avenue for *collaboration* and team planning for families.
- Case managers see the need for improved *communication* and *sharing of information*.

Increasing Magnitude/ Effects on Family

" Drug abuse is rampant."

"With the families affected by methamphetamines it's affecting everything: schools, homes, and the family's health."

"I don't think we can ever minimize the effects of substance abuse on children and family functioning. It really decreases the ability of parents to parent in a positive way or make decisions."

Estimations of case managers show percentage of substance abuse related cases at 85-90%.

Practice Implications

*Substance Abuse Training
*Improved Assessment Tool
* Funding for treatment
* Improved Assessment Skill

"I think I need more training as far as substance abuse because it's becoming more of an issue for families."

" Funding is the big issue. A social worker worked to pay the admission fee so than an addicted person in and they left after the first day. The addicted person has to have an investment or they are less likely to stay, but never want to pay."

"Sometimes the CQA doesn't go as in-depth as it should but again that's up to the worker as to how in-depth you want to go . . . A worker may not be aware of how relevant a certain detail may be within the CQA as far as substance abuse."

Discussion

- **Study provides evidence that:**
- Current assessment process not accurately identifying substance abuse
- Substance abuse affects severity of maltreatment.
- Case managers concerned about increase in substance abuse cases
- Case managers need more training about substance abuse effects on family.
- Case managers and treatment providers – need for improved communication and collaboration
- Strengths – Family Team Meetings identified as being helpful.
- Challenges of study – Data gathered from a broader area of the state

The Cow's Tail

Because substance abuse is such a core issue in family's lives more emphasis should be placed on worker's ability to identify, assess and plan for service networking towards recovery and optimal living.